

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	THERAPEUTIC TREATMENT OF ACCELERATED BONE RESORPTION
Attorney Docket Number::	FISHMAN18A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Pnina

Middle Name::	
Family Name::	FISHMAN
Name Suffix::	
City of Residence::	Herzliya
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	19 Asher Barash Street
City of Mailing Address::	Herzliya
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	46365
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Sara
Middle Name::	
Family Name::	BAR YEHUDA
Name Suffix::	
City of Residence::	Rishon Le Zion
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	21B Arbel Street
City of Mailing Address::	Rishon Le Zion
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	75474
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Lea
Middle Name::	
Family Name::	MADI
Name Suffix::	

City of Residence:: Rishon Le Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 27 Rishard Fienman Street
City of Mailing Address:: Rishon Le Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 75791

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/IL05/001166	11-08-05
PCT/IL05/001166	Appln claiming benefit of 35 USC 119(e)	60/625,564	11-08-04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

Assignment Information

Assignee Name:: CAN-FITE BIOPHARMA LTD.
Street of Mailing Address:: 10 Bareket Street
City of Mailing Address:: Petach Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 49170